

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -**  
**FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

Sealed proposals will be received up to and opened at 12:00 p.m.

on  
November 24, 2004

in the Administrative Services Office/Contracts, No. 1 Capitol District, 250 S. Hotel St., 5th Floor, Room 510-D, Honolulu, Hawaii, 96813.

Questions relating to this bid solicitation may be directed to  
Ms. Eileen Harada, phone (808) 586-9312

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## REQUEST FOR PROPOSALS

The Department of Business, Economic Development, and Tourism  
Research and Economic Analysis Division

### CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006

Pursuant to the Hawaii Public Procurement Code, Chapter 103D, Hawaii Revised Statutes, the State of Hawaii Department of Business, Economic Development, and Tourism (DBEDT) Research and Economic Analysis Division (READ) is soliciting proposals to conduct the Cruise Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006.

#### Project Description:

READ seeks to obtain services to conduct the Cruise Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006. The survey involves collecting, processing and reporting data from visitors of cruise ships touring the Hawaiian Islands.

#### Requirements:

All written questions must be submitted to the DBEDT/Administrative Services Office/Contracts by 4:00 p.m., Hawaii Standard Time (HST) on October 26, 2004.

Proposals shall be received up to 12:00 p.m. HST on, November 24, 2004 in the Administrative Services Office/Contract, DBEDT, State of Hawaii, No. 1 Capitol District, 5<sup>th</sup> Floor, Room 510-D, 250 South Hotel Street, Honolulu, Hawaii, 96813. Proposal documents may be obtained from said office between the hours of 8:30 a.m. to 11:30 a.m. and 1:30 p.m. to 4:00 p.m., Monday through Friday, except for STATE holidays. All interested parties must register with said office at the time a proposal document is requested. PLEASE NOTE: REGISTRATION IS MANDATORY.

All proposals must comply with DBEDT General Terms and Conditions dated April 15, 1996. Offerors are encouraged to carefully read the entire proposal documents. Proposals must be submitted on DBEDT proposal forms **with an original signature.** **If possible, blue ink is preferred.**

All proposals must comply with the Hawaii Administrative Rules (HAR) Section 3-122-112 (Exhibit D) which requires the submission of the following certificates upon award of a contract under HRS Section 103D-302, 103D-303, 103D-304, or 103D-306:

- 1) Tax Clearance Certificate (Department of Taxation)
- 2) Certificate of Compliance (Department of Labor and Industrial Relations)
- 3) Certificate of Good Standing (Department of Commerce and Consumer Affairs)
- 4) Certificate of Final Payment/Tax Clearance Certificate (Department of Taxation).

Eileen Harada for  
Theodore E. Liu, Director  
Department of Business, Economic Development, and  
Tourism, State of Hawaii

# **CAUTION!!!!!!**

- 1. ALL PROPOSALS MUST BE SUBMITTED ON DBEDT PROPOSAL FORMS. FAILURE TO SUBMIT ON SUCH FORMS MAY RESULT IN DISQUALIFICATION.**
- 2. ALL INTERESTED PARTIES MUST REGISTER WITH THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE. REGISTRATION MAY BE DONE AT TIME OF PACKET PICK-UP.**
- 3. ALL PROPOSALS MUST BE RECEIVED BY THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE BY 12:00 P.M., HAWAII STANDARD TIME (HST), November 24, 2004.**
- 4. PROPOSAL SUBMISSIONS MUST INCLUDE AN ORIGINAL SIGNATURE AND FIVE (5) COPIES. FAILURE TO SUBMIT SUCH ORIGINAL MAY RESULT IN DISQUALIFICATION. IF POSSIBLE, AN ORIGINAL SIGNATURE IN BLUE INK IS PREFERRED.**
- 5. OFFERORS ARE CAUTIONED THAT FEDERAL EXPRESS AND UNITED PARCEL SERVICE DELIVERIES ARE GUARANTEED UP TO 5:00 P.M. OF THE DESIGNATED DELIVERY DATE. OFFERORS ARE CAUTIONED TO MAKE PRIOR ARRANGEMENTS TO ENSURE DELIVERY BY 12:00 P.M., HST ON THE PROPOSAL DUE DATE.**

**Proposal and registration forms are available at the:**

**Department of Business, Economic Development, and Tourism  
Administrative Services Office / Contracts  
No. 1 Capitol District  
250 So. Hotel Street, 5<sup>th</sup> Floor, Room 510-D  
Honolulu, Hawaii 96813**

**Contact person: Eileen Harada  
808-586-9312**

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**INTRODUCTION, SIGNIFICANT DATES, AND  
OFFICIAL CONTACT PERSON**

## **INTRODUCTION, SIGNIFICANT DATES AND OFFICIAL CONTACT PERSON**

### **A. INTRODUCTION**

The Department of Business, Economic Development, and Tourism (DBEDT), Research and Economic Analysis Division (READ) also referred to as the STATE in this solicitation seeks to obtain services to conduct the Cruise Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006. The survey involves collecting, processing and reporting data from visitors of cruise ships touring the Hawaiian Islands.

### **B. SIGNIFICANT DATES**

- |  |                   |
|--|-------------------|
| - Advertisement  | October 10, 2004  |
| - Issuance of Request for Proposal                     | October 11, 2004  |
| - Deadline for Offeror's Written Questions,            | October 26, 2004  |
|  | by 4:00 p.m.      |
| - Response to Offeror's Questions and Addenda Deadline | October 29, 2004  |
| - Sealed Proposal Due, 12:00 P.M                       | November 24, 2004 |

### **C. OFFICIAL CONTACT PERSON**

The official contact person for all communication regarding the RFP is:

Eileen Harada  
Department of Business, Economic Development, and Tourism  
Administrative Services Office/Contracts  
No. 1 Capitol District  
250 S. Hotel St., 5th Floor, Room 510-D  
Honolulu, Hawaii 96813  
Telephone: (808) 586-9312

Official responses to questions shall be made through written addenda issued to all prospective offerors. Offerors' attention is directed to the deadlines for questions and addenda stated above.

**STATE OF HAWAII**  
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**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -**  
**FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**STATEMENT OF WORK**



## **CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006**

### **A. OBJECTIVES**

The 2005 – 2006 Cruise Visitor Basic Characteristics and Expenditure survey uses a self-administered cruise survey questionnaire form to be distributed to randomly selected cruise ship passengers aboard Hawaii home-ported cruise ships and out-of-State cruise ships touring the Hawaii Islands in calendar years 2005 - 2006. The CONTRACTOR shall coordinate with various shipping agents and key ship personnel to have the survey questionnaire forms delivered and distributed aboard the ships. The CONTRACTOR shall make arrangement with the cruise agent or cruise ships to collect the completed survey forms. Data to be collected shall include, but not be limited to, cruise visitor characteristics including: island visitation, length of stay, types of accommodation before and after cruise, purpose of trip, demographic information and expenditures. In addition, the CONTRACTOR shall process, weigh and tabulate the data collected; and prepare monthly, quarterly and annual reports for the cruise visitor survey for STATE review and approval.

The CONTRACTOR shall begin preliminary work (survey form design and printing, security clearance, etc.) on the project on the execution date of the contract. The survey periods commencing from January 2005 – December 2006 and final reporting and documentation by April 2007.

### **B. SCOPE OF WORK – The CONTRACTOR shall provide all of the following services for both calendar years 2005 and 2006 respectively: The CONTRACTOR shall:**

1. Survey Instrument. The CONTRACTOR shall:
  - a. Review the content of the STATE provided cruise visitor survey questionnaire form currently in use. Recommend any nonproprietary changes to the questionnaire and further refine the survey instrument if necessary. Be responsible for the layout in TELEform of the questionnaire forms to accommodate scanning equipment requirements. The final layout of survey forms shall be subject to STATE approval. Questionnaires shall include, but not be limited to, the following topics:

- 1) Size of party;
  - 2) Age and gender of people in the party;
  - 3) Country of residence;
  - 4) Purpose of trip;
  - 5) Length of stay in Hawaii before boarding ships (number of nights);
  - 6) Length of stay on the ship touring the Hawaii islands (number of nights);
  - 7) Length of stay (planned) after cruising in Hawaii (number of nights);
  - 8) Means of transportation used to arrive in Hawaii;
  - 9) Means of transportation used to leave Hawaii;
  - 10) Hawaii Islands visited;
  - 11) Type of accommodations before and after touring aboard the cruise ship;
  - 12) Number of trips to Hawaii;
  - 13) Group tour/independent traveler; and
  - 14) Expenditure by category.
- b. Maintain and update the survey questionnaire form as needed and/or as requested by the STATE throughout the term of this Agreement.
  - c. Print a sufficient number of survey questionnaires to yield completed survey forms from at least ten percent (10%) of passengers per trip on board for Hawaii home-ported ships and at least fifteen percent (15%) of passengers per trip on board out-of-state cruise ships.

Print the forms on a quarterly basis to allow for possible changes to the survey questionnaire forms. The CONTRACTOR shall assist the STATE in making the changes to the survey questionnaire forms with no additional costs to the STATE. The CONTRACTOR shall provide the STATE with the survey questionnaire form in TELEform software format every time a change is made. The STATE shall be the sole owner of all printing materials, which shall include, but not be limited to design, typeset and plates. The cost of printing shall be included in the budget for the project.

2. Sample Design. The CONTRACTOR shall:
  - a. Obtain cruise ship schedules from various cruise ship agents, the Department of Transportation (DOT)-Harbors Divisions and the Department of Land & Natural Resources (DLNR) – Boating and Recreation Division on a monthly basis with assistance from the STATE. Provide the schedules for STATE review. The schedule shall include ship names, date of ship arrivals, date of departure, passenger capacity and port visitation.

- b. Design sampling procedures for prior STATE approval based on the monthly schedules to be collected in paragraph 2.a. above. Samples shall be drawn from every out-of-state ship that docks in Hawaii and stays more than two (2) nights. Samples shall also be drawn from each tour from the Hawaii home-ported ships. The sample size should be large enough to yield completed survey questionnaires for at least ten percent (10%) of passengers on board for Hawaii home-ported ships and at least fifteen percent (15%) for out-of-state cruise ships during calendar years 2005 and 2006.

The CONTRACTOR shall base the proposed budget on Exhibit E – 2004 Scheduled Cruise Ship Arrival and Passenger Count by Month attached herein. In addition to the ships listed in Exhibit E, the CONTRACTOR shall include in the proposed budget, surveys on the Pride of America scheduled to be home-ported in Hawaii in July 2005 and the Pride of Hawaii, scheduled to be home-ported in Hawaii in July 2006.

- c. A survey- form is considered to be complete if the minimums of the following items are filled out correctly:
  - 1) Size of party;
  - 2) Length of stay;
  - 3) Island visitation;
  - 4) Place of residence; and
  - 5) Purpose of trip.
- d. Closely monitor the response rate and the number of “completed forms.” If the completed forms fall short of the required returned samples due to a decline in the responding rate, the CONTRACTOR shall increase the number of forms to be distributed per trip to achieve the targeted number of survey forms returned. If any trips are not sampled due to non-participation from the cruise ship, the CONTRACTOR shall still achieve the desired number of completed forms by increasing the sample distribution on the remaining ships.
- e. Verify and update the cruise schedule each month with various cruise representatives / shipping agents. The CONTRACTOR shall design sampling based on actual ship schedule.
- f. Deliver a detailed schedule based on the sample design approved by the STATE which shall include, but not be limited to, the names and origins of all ships to be sampled and the number of cabins identified for sampling each

month. Said schedule shall be delivered for each ship within seven (7) working days prior to the beginning of each month for STATE approval. The STATE shall approve or request changes to the detailed schedule within three (3) working days of receipt of said schedule from the CONTRACTOR.

3. Survey Form Distribution and Data Collection. The CONTRACTOR shall:
  - a. Assist the STATE to secure the necessary permission and clearance from all cruise lines with ships scheduled to tour Hawaii. The CONTRACTOR shall meet with representatives from each cruise line to provide said representatives with clear procedures related to the distribution and collection of the survey questionnaires. The CONTRACTOR shall verify that said representatives provide detailed instructions to all relevant ship personnel who shall include, but not be limited to, the Purser, Cruise/Activity Director, housekeeping staff and so forth about the distribution and collection of survey forms and gift drawing procedures. The CONTRACTOR shall follow up as many times as necessary with cruise representatives to ensure that the surveys are being properly conducted. The CONTRACTOR shall not use this clearance attained through the STATE to conduct surveys for any and all other companies or entities at the same time as this Cruise Survey.
  - b. Supply survey questionnaires to each ship as it docks in Hawaii. The CONTRACTOR shall make all necessary arrangements with the cruise representatives to transport the survey questionnaires to the other neighbor island ports on a timely basis if the ship does not dock in Honolulu, but will be in Hawaiian waters for more than two (2) nights. The CONTRACTOR shall provide cruise representatives with the number of cabins to be surveyed based on the approved sampling method. The sample of cabins shall be drawn randomly. The CONTRACTOR shall ask cruise representatives to distribute surveys only to the cabins randomly selected.
  - c. As an incentive to encourage passengers to complete the survey questionnaires, there shall be a drawing to win a gift from Hawaii at the end of every Hawaiian cruise. The CONTRACTOR shall direct the purser's office to display the gift at a prominent high traffic location and shall make the arrangement to have the Purser/Cruise Director's office perform the weekly drawing. The CONTRACTOR shall obtain prior STATE approval of the type of gift(s) to be used. The CONTRACTOR shall obtain prior STATE approval of the type of gift(s) to be used. Suggestions and costs of the gift should be included in the proposal.

- d. Verify that cruise representatives provide notification to relevant ship personnel, as previously described herein, that passengers should drop off survey questionnaires at the location designated by the cruise representative. The CONTRACTOR shall encourage cruise representatives to instruct relevant ship personnel to gather any completed questionnaires found in cabins and place at the location designated by the cruise representative. The CONTRACTOR shall coordinate with cruise representatives on all aspects related to the activities described herein. The CONTRACTOR shall make all necessary arrangements to pick up the completed survey forms. Should the cruise ships decide to mail back the completed forms, the CONTRACTOR shall be responsible for the costs of the mailing which shall be included in the proposal.
4. Data Processing and Reporting. The CONTRACTOR shall:
- a. Scan all completed survey questionnaires with up to date image scanning equipment and quality control procedures approved by the STATE to ensure all results are recorded. Survey questionnaires shall be edited and verified for outliers and inconsistent responses. Edited data shall be entered into Statistical Package for Social Sciences (SPSS), Version 10.0 or later.
  - b. Apply cruise passenger weights provided by the STATE to the survey data and tabulate the data using SPSS Version 10.0 or later and in accordance with STATE specifications, no later than five (5) working days after receiving said weights. Data should be tabulated on a monthly, quarterly and annual basis by country of residence, island visitation, purpose of trip, number of trips, type of accommodation, Metropolitan Area (MA) and major marketing areas (MMA). In addition, the CONTRACTOR shall provide a breakdown separating packaged tour expenditure into categories specified by the STATE and estimate per person per day cruise visitor expenditures on a monthly, quarterly and annual basis.
5. Other Responsibilities: The CONTRACTOR shall:
- a. Retain the cruise visitor survey questionnaires for a minimum of five (5) months after the date on the questionnaires. At the end of that period, the STATE shall have the option to have the questionnaires delivered to STATE offices or permit the CONTRACTOR to shred them to protect the confidentiality of the respondents. Shredding expenses shall be included in the proposal.

- b. Deliver a fielding status report, which shall include, but not be limited to, the sample size and number of completed cruise visitor survey questionnaires by ship to the STATE each month.
- c. Meet with the STATE on a weekly basis on issues regarding data processing throughout the term of the Agreement.
- d. Provide disk files containing copies of the deliverables noted in the previous section monthly, quarterly and annually, as determined by the STATE.
- e. Provide the STATE with documentation for the procedures, including sampling and weighting methodologies used to complete the cruise visitor survey at the end of each calendar year for 2005 and 2006.

#### **C. TIME SCHEDULE**

- 1. Preliminary work on the project shall begin on the execution date of the contract. For calendar year 2005, the survey period shall begin January 2005 through December 2005 with final reporting and documentation by April 2006. For calendar year 2006, the survey period shall begin in January 2006 through December 2006 with final reporting and documentation due by April 2007 unless extended per mutual written agreement.
- 2. All proposals shall submit a time schedule in accordance with instructions contained in the section entitled "Proposal Requirements."

#### **D. COMPENSATION**

- 1. Award shall be made on a firm, fixed fee.
- 2. Proposals shall be priced and shall include a budget in accordance with the section entitled "Proposal Requirements." The overall budget shall consist of a separate budget for calendar year 2005 and calendar year 2006 with corresponding totals for each year. In addition, the combined amount of these two budgets shall be shown as the total amount proposed for this project.
- 3. Payments shall be made to Awardee in accordance with predetermined progress payments contingent on State's approval of specified deliverables.

4. The Awardee shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment. See paragraph D “Tax Clearances” on page 20 and 21 of the Special Provisions.
5. The CONTRACTOR shall be required to obtain a current Certificate of Compliance issued by the State of Hawaii Department of Labor and Industrial Relations and a Certificate of Good Standing issued by the Department of Commerce and Consumer Affairs Business Registration Division prior to entering into a contract with the State. See paragraph G “Method of Award” on pages 21 and 22 of the Special Provision.

**STATE OF HAWAII**

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**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EVALUATION CRITERIA**



**EVALUATION CRITERIA –  
CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**A. MINIMUM CRITERIA FOR PROPOSAL RESPONSIVENESS**

1. Unfavorable references may be justification for rejection of a proposal.
2. The STATE reserves the right to use whatever resources are available to the STATE to seek additional references in addition to those submitted in the proposal.
3. Submitting incomplete proposal documents or failure to sign the proposal documents maybe justification for rejection of a proposal.
4. Failure to respond or comply with the specifications provided in the Solicitation or the requirements provided by statutes or law.

**B. PROPOSAL EVALUATION CRITERIA**

An evaluation committee shall be appointed by the Director. The committee shall evaluate responsive proposals in accordance with the section entitled “Proposal Requirements” and based on the following general criteria:

Criteria		<u>Total Possible Points</u>
1.	Qualifications/Experience	
	a. Related Experience.	60
	b. Ability to undertake this project.	40
2.	Proposal	
	a. Methodology for drawing a representative sample for Cruise Visitor and ship crew survey	30
	d. Reasonableness of proposed time schedule.	20
3.	Price	
	a. Price ranking adjusted by preferences. (See Special Provisions).	20
	b. Reasonableness of proposed budget	30

**TOTAL POSSIBLE: 200 POINTS**

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**SPECIAL PROVISIONS**

**SPECIAL PROVISIONS –  
CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**A. PREFERENCES**

The following preferences shall apply to this solicitation. The evaluated price shall be based on application of these preferences in the order specified below:

1. In-State Contractor. Preference shall be given to offerors within the State of Hawaii. Whenever an offeror selects and qualifies for an in-state contractor preference, all prices from offerors who do not select or qualify under the in-state contractor preference shall be increased by 5% for evaluation purposes. Offerors claiming this preference shall submit a tax clearance certified from the State of Hawaii, Department of Taxation with their proposal and must indicate a State of Hawaii business address.
2. All printing done in the State of Hawaii shall be given a 15% preference. Interested offerors shall submit a list of printing companies they are planning to use for the printing of the survey questionnaire forms.
3. Tax adjustment for out-of-state and tax exempt bidders. Where the offeror is an out-of-state vendor not doing business in the State or is a person exempted from paying the applicable general excise tax, the proposal price, for the purpose of determining the lowest price offer, shall be increased by the applicable retail rate of general excise tax and the applicable use tax.
4. Reciprocal Preference. Resident offerors of the State of Hawaii may be given a reciprocal preference equal to the preference that an out-of-state offeror would be given in their own state. If the out-of-state offeror's state has a preference comparable to a Hawaii preference, the reciprocal preference shall be equal to the amount the out-of-state preference exceeds the Hawaii preference.

**B. PROPOSALS MUST BE PRICED.**

**C. SPECIAL CONDITIONS:**

1. All work must comply with all applicable State, County, and Federal regulations, codes, and guidelines.
2. All work and products developed shall conform with all applicable City and County, State and Federal rules and regulations.
3. DBEDT reserves the right to reduce, amend, or expand the "Scope of Work."

#### **D. TAX CLEARANCE:**

##### **HRS Chapter 237 tax clearance requirement for award and final payment.**

Instructions are as follows:

The Awardee(s) shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment.

It is recommended that the "Tax Clearance Application," Form A-6, attached, be mailed to a DOTAX district office as soon as possible, as the process may take 21 calendar days before you receive a tax clearance. We also recommend that extra-certified copies be requested, if responding to several competitive solicitations. Extra-certified copies may be requested by writing or typing the number of copies next to the check box 3.c. on the application form. Offerors who repeatedly submit bids or proposals for State or county contracts should file frequently for a tax clearance.

Pursuant to §103D-328, HRS, successful Offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate is valid for six (6) months from the most recent approval stamp date on the certificate and must be valid on the date it is received by the purchasing agency.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): <http://www.state.hi.us/tax/alphalist.html#a>  
DOTAX Forms by Fax/Mail: (808) 587-7572  
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX:	(808) 587-1488
IRS:	(808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the purchasing agency.

Contractor is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

#### **E. BONDS**

Bid, performance, and payment bonds are not required for this solicitation.

#### **F. GENERAL TERMS AND CONDITIONS NOT APPLICABLE**

Section 2.9 and 2.12 of the general terms and conditions which apply specifically to the invitation to bid method of selection are not applicable to this solicitation.

#### **G. METHOD OF AWARD:**

The successful offerors shall be awarded an “Agreement for Goods or Services Based upon Competitive Sealed Proposals” contract.

Reference Responsibility of Offerors in §3-122-112, HAR. Offeror shall produce documents to the procurement officer to demonstrate compliance with this section.

**HRS Chapter 237 tax clearance requirement for award and final payment.** See Item D., pages 20 and 21.

**HRS Chapters 383 (Unemployment Insurance), 386 (Workers’ Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.** Instructions are as follows:

Pursuant to §103D-310(c), HRS, successful Offeror shall be required to submit an approved certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the purchasing agency.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR*, Form LIR#27 which is available at [www.dlir.state.hi.us/LIR#27](http://www.dlir.state.hi.us/LIR#27), or at the neighbor island DLIR District Offices. The DLIR will return the form to the Offeror who in turn shall submit it to the purchasing agency.

The application for the certificate is the responsibility of the Offeror, and must be submitted directly to the DLIR and not to the purchasing agency.

**Requirement for award.** To be eligible for award, the Offeror must comply as follows:

**Hawaii business.** A business entity referred to as a “Hawaii business”, is registered and incorporated or organized under the laws of the State of Hawaii. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING* issued by the Department of Commerce and Consumer Affairs Business Registration Division (BREG). A Hawaii business that is a sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate. An Offeror’s status as sole proprietor or other business entity and its business street address indicated on the Offer Form page OF-1 will be used to confirm that the Offeror is a Hawaii business.

**Compliant non-Hawaii business.** A business entity referred to as a “compliant non-Hawaii business,” is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING*.

To obtain a *CERTIFICATE OF GOOD STANDING* go online to [www.BusinessRegistrations.com](http://www.BusinessRegistrations.com) and follow the prompt instructions. To register or to obtain a “Certificate of Good Standing” by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). The “Certificate of Good Standing” is valid for six months from date of issue and must be valid on the date it is received by the purchasing agency.

Offerors are advised that there are costs associated with registering and obtaining a “Certificate of Good Standing” from the DCCA.

**Timely Submission of all Certificates.** The above certificates should be applied for and submitted to the purchasing agency as soon as possible. If a valid certificate is not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.

**Final Payment Requirements.** In addition to a tax clearance certificate an original “Certification of Compliance for Final Payment” (SPO Form-22), will be required for final payment. A copy of the Form is also available at [www.spo.hawaii.gov](http://www.spo.hawaii.gov). Select “Forms for Vendors/Contractors” from the Chapter 103D, HRS, pop-up menu.

## **H. PROPRIETARY INFORMATION**

Any information deemed propriety in nature should be clearly marked “proprietary” by the offeror. Failure to designate proprietary information will subject the offeror’s proposal to full disclosure and public inspection.

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**PROPOSAL REQUIREMENTS**



**PROPOSAL REQUIREMENTS –FOR OFFERORS SUBMITTING A PROPOSAL FOR  
CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**A. SUBMISSION REQUIREMENTS – Failure to comply with any of these requirements may be grounds for rejection of the proposal.**

1. The Original plus 5 copies (total – 6 copies) of the proposal shall be submitted in a sealed envelope to:  
DBEDT, State of Hawaii  
Administrative Services Office/Contracts  
No. 1 Capitol District  
250 So. Hotel St., 5th Floor, Room 510-D  
Honolulu, HI 96813
2. The original proposal shall be clearly marked “original” on the upper right hand corner of the cover page and have original signature.
3. "Solicitation No. “RFP-05-05-READ CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006” shall be referenced on the outside of the sealed proposals. Facsimiles shall not be accepted.
4. **The Administrative Services Office/Contracts must receive sealed proposals, no later than 12:00 p.m., November 24, 2004. Proposals shall be timed-stamped with the Administrative Services Office/Contracts time clock upon receipt. Late proposals shall not be accepted. The Administrative Services Office/Contracts' time clock shall serve as the official time.**
5. Offerors are cautioned that Federal Express and United Parcel Service deliveries are guaranteed up to 5:00 p.m. of the designated delivery date. Offerors are cautioned to make prior arrangements to ensure delivery by 12:00 p.m. on the proposal due date.
6. Offerors are to complete and submit the section entitled "Proposal."

## **B. OFFEROR'S COVENANTS AND QUALIFICATIONS**

1. Proposals shall include completed proposal pages in the section entitled "Proposal". Remove, complete, and submit the appropriate number of copies of the entire section entitled, "Proposal."
2. The proposal must be signed by an authorized representative and a corporate resolution or evidence of authorization to bind must be attached.
3. **PLEASE NOTE: The name of the organization filing the proposal must match the name which is either legally registered with the Hawaii Department of Commerce and Consumer Affairs (DCCA) for Hawaii corporations, partnerships, or trade names; or the Department of Taxation for sole proprietors who do not have registered trade names with the DCCA. An out-of-state organization must be legally registered with its appropriate state. Should the proposal include more than one entity or should the offeror anticipate work to be performed through subcontracts, please list all entities or subcontractors and their respective roles in the project.**

## **C. PROJECT PROPOSAL**

The project proposal shall include, but not be limited to:

1. Scope of Work.
  - a. A detailed plan to effectively carry out the tasks described in the "Statement of Work," paragraph B, "Scope of Work," pages 9 - 15.
2. Time Schedule.
  - a. All services for calendar year 2005 shall be completed with documentation by April 2006 unless extended per mutual written agreement. All services for calendar year 2006 shall be completed with final documentation and reporting by April 2007. unless extended per mutual written agreement.
  - b. The proposal shall include a timeline for completion of all major tasks. The timeline shall include, but not be limited to: description of each task, duration of each task, estimated total person hours for completing each task, schedule of tasks, milestones, due dates, and schedule of periodic progress reports with dates for submission.

3. Compensation.

- a. The proposal shall be priced and shall include a budget for all tasks proposed. The overall budget shall consist of a separate budget for calendar year 2005 and calendar year 2006 with corresponding totals for each year. In addition, the combined amount of these two budgets shall be shown as the total amount proposed for this project.
- b. The proposed price shall be based on a firm fixed fee and shall include all applicable taxes, and any and all other costs to be incurred to provide services as specified herein.
- c. The Contractor shall be required to obtain a current tax clearance from the State of Hawaii, Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment. Offerors are encouraged to immediately apply for a tax clearance, and if possible, to submit their tax clearance with their proposal. A tax clearance application is attached. See paragraph D, "Tax Clearance" of the Special Provisions for more detailed information.

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**PROPOSAL**

**OFFERORS ARE TO COMPLETE AND SUBMIT THIS SECTION FOR THEIR  
PROPOSALS.**

## **PROPOSAL**

### **CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006**

#### **SOLICITATION No. RFP-05-05-READ**

Department of Business, Economic Development and Tourism  
Administrative Services Office/Contracts  
No. 1 Capitol District, 5th Floor, Room 510-D  
250 So. Hotel Street  
Honolulu, HI 96813

The undersigned has carefully read and understands the terms, conditions and requirements specified in the Request for Proposal attached hereto and hereby submit the following proposal to perform the work specified herein, all in accordance with the true intent and meaning thereof.

The undersigned further understands and agrees to the following:

- That by submitting this proposal, the undersigned is declaring that this proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts;
- That by submitting this proposal, the undersigned is declaring that the proposal is being made without collusion with any other person, firm or corporation;
- That the Director of the Department of Business, Economic Development, and Tourism reserves the right to cancel the Request for Proposal at any time and all proposals may be rejected in whole or in part when it is in the best interest of the State;
- That discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award, but a proposal may be accepted without such discussions;
- That the undersigned may be required to submit best and final offers based on discussion;
- That award, if any, will be made on a firm fixed fee basis to the responsive and responsible offeror who has submitted the most advantageous offer in accordance with the evaluation criteria set forth in this Request for Proposal;

- That by submitting this proposal, the undersigned is declaring that if awarded a contract, the undersigned will comply with all requirements for wages, hours and working conditions in accordance with Section 103-55, Hawaii Revised Statutes; and
- That if awarded a contract, the undersigned hereby commits to a minimum of two consultation sessions with the State.

The undersigned acknowledges receipt of any addendum issued by the Department of Business, Economic Development, and Tourism by recording in the space below the date of receipt:

Addendum No. 1 \_\_\_\_\_ Addendum No. 2 \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_ Addendum No. 4 \_\_\_\_\_

The undersigned hereby certifies that the proposal hereby attached has been carefully checked and is submitted as correct.

Respectfully submitted,

\_\_\_\_\_  
Exact Legal Name of Offeror (company name)

\_\_\_\_\_  
Authorized signature (attach corporate resolution or evidence of authorization to bind)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, STATE, Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Mailing Address (if different from street address)

State of Hawaii General Excise Tax (GET) License Number: \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

Type of Organization:

\_\_\_\_\_ Individual    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation    \_\_\_\_\_ Joint Venture

If offeror is a "dba" or a division of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

State of Incorporation: Hawaii \_\_\_\_\_ Other: \_\_\_\_\_

### **PREFERENCES:**

The following preferences apply to this solicitation. A detailed discussion of each preference is included in the section entitled, "Special Provisions." Indicate which preferences apply.

1. In-state contractor preference:                      yes \_\_\_\_\_    no \_\_\_\_\_

If yes, indicate State of Hawaii business street address: \_\_\_\_\_

If yes, attach current (issued within 45 days of bid submittal) tax clearance from the State of Hawaii Department of Taxation.

(Note: The bidder may wish to also obtain tax clearance from the Internal Revenue Service at the same time in order to fulfill this requirement if awarded a contract)

2. Tax Adjustments:

Are you an out-of-state business?                      yes \_\_\_\_\_    no \_\_\_\_\_

Is your organization tax exempt?                      yes \_\_\_\_\_    no \_\_\_\_\_

3. Reciprocal Preferences:

List your principal place of Business:

\_\_\_\_\_

\_\_\_\_\_

Street address, City, State, Zip Code

Are you registered with the State of Hawaii, Department of Commerce and Consumer Affairs to do business in the State of Hawaii? yes \_\_\_\_\_    no \_\_\_\_\_

## QUALIFICATION QUESTIONNAIRE

1. How many years has your organization been in business under your present business name?

\_\_\_\_\_

2. How many years experience in this field of work has your organization had?

3. Show what projects your organization has completed in the past five (5) years that are related to this project:

Name and Address of Project Owner	Description	Contract Amount	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you ever failed to complete any work awarded to you?  
If so, please provide a brief description, including when and where it took place and why work was not completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has any officer or partner of your organization in the past five (5) years been an officer, partner or individual of some other organization that failed to complete a contract?  
If so, state name of individual, other organization and reason therefore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. For what entities within the State of Hawaii other than government agencies have you performed work and to whom do you refer?

Agency	Project Description	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



7. For what State departments and Counties of the State of Hawaii have you performed work and to whom do you refer?

Department	Project Description	Contact Person	Phone

8. Have you performed work for the U.S. Government? \_\_\_\_\_  
If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

9. Have you ever performed any work for any other governmental agencies outside the State of Hawaii?  
If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

10. List a minimum of three references for work performed similar to this project.

Company	Project Description	Contact Person	Phone

11. What is the professional or project experience of the principal individuals being assigned to this project?

Individual's Name	Position or Title	Years Experience	Type of Work

## **CORPORATE RESOLUTION**

Attach here:

1. Corporate resolution or written authorization of offeror's representative to sign this proposal here.

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT A – OFFER FORM OF-1**

## EXHIBIT A

Department of Business, Economic Development, and Tourism  
Administrative Services Office / Contracts  
No. 1 Capitol District  
250 So. Hotel Street, 5th Floor, Room 510D  
Honolulu, Hawaii 96813

Dear Ms. Eileen Harada:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, Form 4/15/96 by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: (Check ☒ one only)

- ☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of incorporation: \_\_\_\_\_

Offeror is:

- ☐ Sole Proprietor   ☐ Partnership   ☐ Corporation   ☐ Joint Venture  
☐ Other \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_

Hawaii General Excise Tax License I.D. No.: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Respectfully submitted:

(x) \_\_\_\_\_  
Authorized (Original) Signature

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Name and Title (Please Type or Print)

Fax No.: \_\_\_\_\_

\* \_\_\_\_\_  
**Exact Legal Name of Company (Offeror)**

E-mail Address: \_\_\_\_\_

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:  
\_\_\_\_\_

**OFFER FORM**

**OF-1**

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT B - TAX CLEARANCE**

**NOTE: A TAX CLEARANCE FROM THE STATE OF HAWAII, DEPARTMENT OF TAXATION AND THE U.S. INTERNAL REVENUE SERVICE IS REQUIRED PRIOR TO ENTERING INTO A CONTRACT WITH THE STATE. IN THE INTEREST OF TIME, CONTRACTORS ARE ENCOURAGED TO SECURE SUCH CLEARANCE IN ADVANCE AND TO SUBMIT THEM WITH THEIR PROPOSAL.**

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

**1. APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

HAWAII GENERAL EXCISE ID # \_\_\_\_\_

FEDERAL EMPLOYER ID # \_\_\_\_\_ - \_\_\_\_\_  
(FEIN)

SOCIAL SECURITY #(SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- ☐ CORPORATION ☐ S CORPORATION ☐ TAX EXEMPT ORGANIZATION  
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ESTATE ☐ TRUST  
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP  
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_

**4. THE TAX CLEARANCE IS REQUIRED FOR:**

- ☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \* ☐ LIQUOR LICENSE \*  
☐ REAL ESTATE LICENSE ☐ CONTRACTOR LICENSE ☐ BULK SALES  
☐ FINANCIAL CLOSING ☐ PROGRESS PAYMENT ☐ PERSONAL  
☐ HAWAII STATE RESIDENCY ☐ FEDERAL CONTRACT ☐ LOAN  
☐ SUBCONTRACT ☐ OTHER \_\_\_\_\_

\* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

**5. NO. OF CERTIFIED COPIES REQUESTED:**

**6. SIGNATURE:**

PRINT NAME \_\_\_\_\_

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

( ) - ( ) -  
TELEPHONE

( ) -  
FAX

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

**SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
/ /

HAWAII RETURNS FILED  
IF APPLICABLE  
19 19

STATE APPROVAL STAMP

\*IRS APPROVAL STAMP

CERTIFIED COPY STAMP

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment  
For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
8. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
9. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED IN HAWAII \_\_\_\_\_
11. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending \_\_\_\_\_  
(MM/DD)
12. **TAX EXEMPT ORGANIZATION:**  
A) Provide the Internal Revenue Code Section that applies to your exemption. \_\_\_\_\_  
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO
13. **CORPORATION:** Parent's Corporation Name \_\_\_\_\_ FEIN \_\_\_\_\_
14. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
15. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**  
A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO  
B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO  
C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO
16. **FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation  
TAXPAYER SERVICES BRANCH  
P.O. BOX 259  
HONOLULU, HI 96809-0259  
TELEPHONE NO.: 808-587-4242  
TOLL FREE: 1-800-222-3229  
FAX NO.: 808-587-1488  
or  
830 PUNCHBOWL STREET  
HONOLULU, HI 96813-5094

Internal Revenue Service  
WAGE & INVESTMENT DIVISION  
-TC M/S H214  
FIELD ASSISTANCE GROUP 174  
300 ALA MOANA BLVD., #50089  
HONOLULU, HI 96850  
TELEPHONE NO.: 808-539-1555  
FAX NO.: 808-539-1573  
or  
TAXPAYER ASSISTANCE CENTER  
HONOLULU:  
300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website ([www.state.hi.us/tax](http://www.state.hi.us/tax)).

----- FOR OFFICE USE ONLY -----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT C – DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS (DLNR)  
APPLICATION**



**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

**1. APPLICANT INFORMATION: (Please Type or Print Clearly)**

\*Applicant's Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

\* Business name must be the same name submitted with the applicant's bid or proposal.

**2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)**

Department of Labor ID# \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

**3. APPLICANT IS: (Check Only One Box)**

- ☐ CORPORATION    ☐ S CORPORATION    ☐ TAX EXEMPT ORGANIZATION  
☐ INDIVIDUAL (SOLE PROPRIETOR)    ☐ PARTNERSHIP    ☐ ESTATE    ☐ TRUST  
☐ LIMITED LIABILITY COMPANY    ☐ LIMITED LIABILITY PARTNERSHIP  
☐ SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)

**4. EMPLOYEES:**

(a) Do you currently have any employees performing services in the State of Hawaii?

☐ YES    ☐ NO\*

\*If answered "no", please complete question 4(b).

(b) Will you in the future have any employees performing services in the State of Hawaii?

☐ YES\*    ☐ NO

\*If answered "yes", please complete below.

**Date of Employment** \_\_\_\_\_

**Scope of Services** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE  /    /
DLIR Log No. _____
Date Received _____
Unemployment Insurance Division Approval Stamp
Disability Compensation Division Approval Stamp

**NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

**PLEASE TYPE OR PRINT CLEARLY.**

**SEE BELOW FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request.**

**5. SIGNATURE:**

\_\_\_\_\_  
PRINT NAME  
Executor

\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

**FILING INSTRUCTIONS FOR THE  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website ([www.dlir.state.hi.us](http://www.dlir.state.hi.us)). On the DLIR website scroll down to Employer Forms and click on LIR #27.

**SUBMIT** (mail, fax, or deliver) completed application **only to** the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE\***. Allow up to 7 business days for processing.

* Administrative Services Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899	Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929	Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219
East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460	West Hawaii District Office Ashikawa Building 81-990 Halekii St., #2087 Kealahou, HI 96750 Ph: (808) 322-4808 Fax: (808) 322-4813	
Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071	Kauai District Office 3060 Eiwa St., #202 Lihue, HI 96766 Ph: (808) 274-3351 Fax: (808) 274-3355	

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT D – HAWAII ADMINISTRATIVE RULES**

the public and the basis for the acceptance is explained in the written determination. [Eff 7/25/02; comp 11/15/03 ] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

§3-122-112 Responsibility of offerors. (a) The offeror, as proof of compliance with the requirements of section 103D-310(c), HRS, upon award of a contract made pursuant to sections 103D-302, 103D-303, 103D-304, or 103D-306, HRS, shall provide:

- (1) A tax clearance certificate from the department of taxation and the Internal Revenue Service, subject to section 103D-328, HRS, current within six months of issuance date;
- (2) A certificate of compliance for chapters 383, 386, 392, and 393, HRS, from the department of labor and industrial relations, current within six months of issuance date; and
- (3) A certificate of good standing from the business registration division of the department of commerce and consumer affairs, current within six months of issuance date.

(b) For small purchase awards made pursuant to sections 103D-304 and 103D-305, HRS, the offeror shall provide only upon request of the purchasing agency, the certificates in subsection (a) (1), (2), or (3).

(c) All state and county procurement officers or agents shall withhold final payment of a contract included in subsection (a), until receipt of:

- (1) A tax clearance certificate from the director of taxation and the Internal Revenue Service, subject to section 103D-328, HRS, current within two months of issuance date; and
- (2) A certification from the contractor affirming that the contractor has, as applicable, remained in compliance with all laws as required by this section. A contractor making a false affirmation shall be suspended and may be debarred pursuant to section 103D-702, HRS.

(d) This section shall not apply to any contract to the extent it jeopardizes federal funding. [Eff 11/15/03 ] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

§§3-122-113 to 3-122-115 (Reserved).

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT E - 2004 SCHEDULED CRUISE SHIP ARRIVALS AND PASSENGER  
COUNT BY MONTH**

Month	Ship Name	Number of Passengers	NAWILIWILI	HONOLULU	LAHAINA	KAHULUI	KONA	HILO	KAUNAKAI	Leng of Stay	
January	Legend of the Seas	1,918	1,918	1,918	1,918		1,918	1,918		6	
	Legend of the Seas	1,768	1,768	1,768	1,768		1,768	1,768		5	
	Crystal Harmony	447	447	447	447		447			4	
	Crystal Serenity	656		656	656			656		4	
	Seven Seas Voyager	457		457	457			457		2	
	Deutschland	317	317	317		317		317		6	
	QEII	972		972						2	
February	Norwegian Star	9,327	9,327	9,327		9,327		9,327		4	
	Statendam	1,232	1,232	1,232	1,232	1,232		1,232		5	
	Regal Princess	1,575	1,575	1,575	1,575		1,575	1,575		5	
	Regal Princess	1,561	1,561	1,561	1,561		1,561			4	
	Crystal Harmony	483	483	483	483		483	483		5	
	Crystal Harmony	700	700	700	700			700		4	
	Norwegian Star	11,568	11,568	11,568		11,568		11,568		4	
March	Statendam	1,206	1,206	1,206	1,206		1,206	1,206		5	
	Legend of the Seas	1,739	1,739	1,739	1,739		1,739	1,739		6	
	Legend of the Seas	1,795	1,795	1,795	1,795		1,795	1,795		6	
	Discovery	323	323	323	323	323		323		5	
	Maxim Gorky	550	550	550		550		550		5	
	Regal Princess	1,588	1,588	1,588	1,588		1,588	1,588		5	
	Regal Princess	1,582	1,582	1,582	1,582		1,582	1,582		5	
	TOPAZ	840		840						2	
	Norwegian Star	9,232	9,232	9,232		9,232		9,232		4	
	Legend of the Seas	1,728	1,728	1,728	1,728		1,728	1,728		6	
	Legend of the Seas	1,537	1,537	1,537	1,537		1,537	1,537		7	
	Statendam	1,084	1,084	1,084	1,084		1,084	1,084		5	
	Statendam	1,574	1,574	1,574	1,574		1,574	1,574		5	
April	Carnival Spirit	1,556	1,556	1,556		1,556	1,556	1,556		7	
	Carnival Spirit	2,141	2,141	2,141		2,141	2,141	2,141		6	
	Regal Princess	1,637	1,637	1,637	1,637		1,637	1,637		5	
	Regal Princess	1,574	1,574	1,574	1,574		1,574	1,574		5	
	Amsterdam	1,290	1,290	1,290	1,290		1,290	1,290		6	
	Norwegian Star	9,659	9,659	9,659		9,659		9,659		4	
	Legend of the Seas	1,509	1,509	1,509	1,509		1,509	1,509		6	
	Legend of the Seas	1,847	1,847	1,847	1,847		1,847	1,847		6	
	Infinity	2,076	2,076	2,076	2,076		2,076	2,076		5	
	Infinity	2,076	2,076	2,076	2,076		2,076			4	
	Crystal Harmony	700		700						1	
	Pacific Princess	652	652	652	652			652		4	
	Serenade of the Seas	2,067	2,067	2,067	2,067		2,067	2,067		6	
May	Serenade of the Seas	2,082	2,082	2,082	2,082		2,082	2,082		6	
	Norwegian Wind	1,769	1,769	1,769	1,769		1,769	1,769		5	
	Norwegian Wind	1,752	1,752	1,752	1,752		1,752	1,752		5	
	Norwegian Wind	1,831	1,831	1,831	1,831	1,831	1,831	1,831		6	
	Asuka			348				348		2	
	Pride of Aloha	1,905	1,905	1,905		1,905	1,905	1,905		5	
	Norwegian Wind	1,921	1,921	1,921	1,921		1,921	1,921		5	
	Norwegian Wind	1,907	1,907	1,907	1,907	1,907	1,907	1,907		6	
	June	Pride of Aloha	2,221	2,221	2,221		2,221	2,221	2,221		7
		Pride									

## EXHIBIT D - Cruise Ship Arrival and Passenger Count by Month: 2004 Scheduled

Month	Ship Name	Number of Passengers	NAWILIWILI	HONOLULU	LAHAINA	KAHULUI	KONA	HILO	KAUNAKAI	Leng of Stay
September	Vision of the Seas	1,864	1,864	1,864	1,864		1,864	1,864		6
	Vision of the Seas	1,864	1,864	1,864	1,864		1,864	1,864		6
	Clipper Odyssey	115		115	115			115		4
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Carnival Spirit	2,054	2,054	2,054		2,054	2,054	2,054		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
October	Carnival Spirit	2,054	2,054	2,054		2,054	2,054	2,054		6
	Infinity	1,956	1,956	1,956	1,956		1,956	1,956		6
	Infinity	1,956	1,956	1,956	1,956		1,956	1,956		5
	Radiance of the seas	1,914	1,914	1,914	1,914		1,914	1,914		6
	Radiance of the seas	1,914			1,914		1,914	1,914		5
	Statendam	1,215	1,215	1,215	1,215		1,215	1,215		5
	Veendam	1,266		1,266				1,266		4
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Serenade of the Seas	2,250		2,250	2,250		2,250	2,250		6
	Serenade of the Seas	2,250	2,250		2,250		2,250	2,250		5
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Seven Seas Mariner	630	630	630						2
	Seven Seas Navigator	266		266						1
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
November	Infinity	1,956	1,956	1,956	1,956		1,956	1,956		6
	Infinity	1,956	1,956	1,956	1,956		1,956	1,956		6
	Statendam	1,198	1,198	1,198	1,198		1,198	1,198		5
	Statendam	1,198	1,198	1,198	1,198		1,198	1,198		6
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Legend of the Seas	1,700	1,700	1,700	1,700		1,700	1,700		6
	Legend of the Seas	1,700	1,700	1,700	1,700		1,700	1,700		6
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Sapphire Princess	2,670	2,670	2,670	2,670		2,670	2,670		5
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
December	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Island Princess	1,950	1,950	1,950	1,950		1,950	1,950		5
	Statenadam	1,198	1,198	1,198	1,198		1,198	1,198		5
	Statenadam	1,198	1,198	1,198	1,198		1,198	1,198		5
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Pride of Aloha	2,002	2,002	2,002		2,002	2,002	2,002		7
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
	Norwegian Wind	1,700	1,700	1,700	1,700		1,700	1,700		5
	Norwegian Wind	1,700	1,700	1,700	1,700	1,700	1,700	1,700		6
Total		236,531								

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-05-READ**

**EXHIBIT F – CRUISE VISITOR QUESTIONNAIRE SURVEY FORM**





# DBEDT

THE DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

STATE OF HAWAII

Aloha. On behalf of the State of Hawai'i, thank you for visiting. Please take a few moments to complete the questions. This information helps us insure the quality of your Hawai'i experience remains the best it can be. Please mark ☒ each box or print   clearly.

Your answers are strictly confidential and are tabulated for statistical purposes only. We greatly appreciate your assistance. Mahalo!

Cruise Start Date:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Month			Day			Year	

1. The total number of people (including myself) covered by this form is:  
(Fill out one form per party/family)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 persons

2. I am a:

☐ Visitor to Hawai'i  
☐ Resident of Hawai'i

3. Including this trip, I have made:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 trips to Hawai'i in my lifetime

4. Please indicate the number of nights you have spent in Hawai'i on this trip...

Before starting this cruise 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

During this cruise 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Expect to spend after this cruise 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

TOTAL NIGHTS IN HAWAII'  
(Before, during and after cruise) 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

5. Please indicate where you spent your nights in Hawai'i on this trip?

	BEFORE THIS CRUISE	DURING THIS CRUISE	AFTER THIS CRUISE
O'ahu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maui	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaua'i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lana'i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molokai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Excluding the nights spent on this cruise ship, where did you stay in Hawai'i on this trip?

	BEFORE THIS CRUISE	AFTER THIS CRUISE
Hotel	<input type="checkbox"/>	<input type="checkbox"/>
Condominium	<input type="checkbox"/>	<input type="checkbox"/>
Timeshare unit	<input type="checkbox"/>	<input type="checkbox"/>
Bed & breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE IN THIS BOX		

7. While you were on your cruise, did you purchase any shore tours in Hawai'i?

☐ Yes (if YES, continue to Question 8)  
☐ No (if NO, skip to Question 9)

8. Please indicate the cost and the number of persons in your party/family who participated on each shore tour in Hawai'i.

Port of Call	COST				No. of Persons	
Honolulu (O'ahu)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Lahaina (Maui)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Kahului (Maui)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Kona side (Big Island)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Hilo side (Big Island)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Nawiliwili (Kaua'i)	US\$	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL ALL SHORE TOURS	US\$	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

9. What was included in the cruise package you purchased when booking your cruise to Hawai'i?  
(Please mark (x) all that apply)

☐ Airfare (Inter island)  

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 (Number of one-way flights)

☐ Non-cruise lodging  

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 (Number of nights)

☐ Meals on shore  

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 (Number of meals)

☐ Rental car  

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 (Number of days)

☐ None of the above

CONTINUE TO OTHER SIDE →

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

**FOR ALL PARTS OF QUESTION 10:**

DO NOT include packaged trip and tour expenses entered on Question 8 and Question 9.

If you are continuing your stay in Hawai'i after you leave the cruise, please estimate your expenses for your total time in Hawai'i and write your answers below.

10. How much did you and your party spend in total on non-packaged items while you were in Hawai'i? (Write "0" if none spent)

US\$   ,

Of this total amount (Q10), how much was spent for:

AMOUNT SPENT	
10a. Lodging (total bill of hotel, condo, B&B, etc.)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10b. Total Food and Beverage	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• In restaurants and other eating places	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Dinner shows/cruises	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Groceries/snacks	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10c. Entertainment & recreation	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10d. Total transportation	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Inter-island airfare	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Ground transportation (buses, taxis, trolleys)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Rental car/moped	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Other transportation costs (gas, parking)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10e. Total shopping	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Fashion and clothing	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Jewelry/watch	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Cosmetics/perfumes	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Leather goods (belts, wallets, handbags, etc.)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Hawai'i food products (fruits, nuts, coffee)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
• Souvenirs	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10f. All other spending outside of the ship: (please specify below)	US\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DO NOT WRITE IN THIS BOX	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

11. I am a resident of:

☐ U.S.A.        
(specify zip code)

☐ Canada ☐ United Kingdom  
☐ Japan ☐ Germany  
☐ Korea ☐ France  
☐ Taiwan ☐ Switzerland  
☐ Hong Kong ☐ Australia  
☐ Other (specify)

DO NOT WRITE IN THIS BOX

12. Did you do any of the following on this trip to Hawai'i?

☐ Go on honeymoon, get married  
☐ Attend a wedding  
☐ Attend a Convention/Conference  
☐ Conduct some business  
☐ Visit friends or relatives  
☐ Play golf

13. What is your age:   years old

14. What is your gender? ☐ Male ☐ Female

15. Of the people covered by this form (including yourself), how many were:

	NUMBER OF MALES	NUMBER OF FEMALES
Under 10 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 - 19	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
20 - 29	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
30 - 39	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
40 - 49	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
50 - 59	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
60 or more	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
TOTAL	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

NAME OF CRUISE SHIP:

DO NOT WRITE IN THIS BOX

CABIN NUMBER (OPTIONAL): PLEASE FILL-IN CABIN NUMBER TO APPLY FOR PRIZE DRAWING.

DO NOT WRITE IN THIS BOX

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**CRUISE VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY -  
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**ATTACHMENT A**

**GENERAL TERMS AND CONDITIONS (APRIL 15, 1996)**